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PATENT APPLICATION TRANSMITTAL Title Input Buffer Circuit	UTILITY	Attorney Docket	No.	AB-984-1C US				
Cohe for these recompositional applications under 37 CFR Express Mail Label No. EL 699 358 407 US			on Identifier					
Computer reaction of the Direction of	TRANSMITTAL			Input Buffer Circuit				
APPLICATION ELEMENTS See MTPP chapter 800 once enting study patter tapplication contents. Separation S		Express Mail Lab	pel No. EL 699 358 407 US					
New Peer Transmittal Form - see page 2 of this form.			ADDF	Box Patent Application				
Customer Number or Bar Code Label Name David W. Heid Attorneys for Applicant Address City San Jose Customer Number or Bar Code Label Reg. No. 25,875 Reg. Reg. No. 25,875 Reg. Reg. No. 25,875 Reg. Reg. Reg. Reg. Reg. Reg. Reg. Reg.	(Submit an original, and a duplicate for fee processing) 2. Application: Specification: (preferred arrangement set forth below) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling 13 pages) Appendix(ces) &			consisting of pages of microfiche containing frames on each page in accompanying envelope. 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a.				
Name David W. Heid Reg. No. 25,875 Attorneys for Applicant Address 25 Metro Drive, Suite 700 City San Jose State CA Zip Code 95110	716. CORREST ON DELICE TO DELICE.							
Applicant Address 25 Metro Drive, Suite 700 City San Jose State CA Zip Code 95110	Name David W. Heid							
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City San Jose State CA Zip Code 95110	Applicant	licant						
0.07	1							
Country: United States Telephone (408) 453-9200 Fax (408) 453-7979								

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19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
12	TOTAL CLAIMS (37 CFR 1.16(c))	-20	=	0	х	\$18	G .	\$ 0.00
4	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3	=	1	x	\$80	11	\$ 80.00
	MULTIPLE DEPENDENT C	LTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d)) + \$270.00		\$270.00	=			
				BASIC	FEE (37	CFR 1.16(a))	=	\$ 710.00
			Total of above Calculations			=	\$ 790.00	
	Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).					=		
						TOTAL	=	\$ 790.00

20. <u>FEES</u> :	The Commission 19-2386:	oner is hereby authorized to credi	it overpayments or charge the following f	fees to Deposit Account No.
b. c.	Fees required u	under 37 CFR 1.16. (U.S. Application and and a result of the state of	Extension of Time Fees)	
NOT		r application's correspondence ndence address is provided be		UNLESS a new
22. NEW C	ORRESPONDENC	E ADDRESS		
Customer N	lumber or Bar Code Labe	si	<u> </u>	New correspondence address below
CITY		STATE	ZIP CODE	
COUNTRY		TELEPHONE	FAX	Κ
"H other versit healt with the other	Date: Name	25 Metro San Jo	rrill MacPherson LLP Drive, Suite 700 Dose, CA 95110 Fax. (408) 453-7979 Reg. No. 25,875	
	Signature Express Mail Label No.	EL 699 358 407 US	<u> </u>	